COVID-19 Response Plan for New Jersey Developmental Centers

July 12, 2021

Introduction

The Department of Human Services' Division of Developmental Disabilities' (Division) first priority is the health and safety of the individuals it serves and the critical staff that support them, including at the five developmental centers (Centers) operated by the Division.

centers (centers) operated by the Division.	
Green Brook Regional Center	Vineland Developmental Center
275 Green Brook Road	PO Box 1513
Green Brook, NJ 08812	1676 E. Landis Avenue
Phone: 732.968.6000 Fax: 732.968.8125	Vineland, NJ 08362-1513
https://nj.gov/humanservices/ddd/individuals/develo	Phone: 856.696.6000 Fax: 856.696.6056
pmental/	https://nj.gov/humanservices/ddd/individuals/devel
	opmental/
Hunterdon Developmental Center	Woodbine Developmental Center
PO Box 4003	DeHirsh Avenue
40 Pittstown Road	Woodbine, NJ 08270
Clinton, NJ 08809-4003	Phone: 609.861.2164 Fax: 609.861.5176
Phone: 908.735.4031 Fax: 908.730.1311	https://nj.gov/humanservices/ddd/individuals/develo
https://nj.gov/humanservices/ddd/individuals/develo	pmental/
pmental/	
New Lisbon Developmental Center	
PO Box 130, Route 72	
New Lisbon, NJ 08064	
Phone: 609.726.1000 Fax: 609.726.1159	
https://nj.gov/humanservices/ddd/individuals/develo	
pmental/	

This document outlines protocols that the Division's centers utilize related to COVID-19. They are based on best practices recommended by various U.S. public health authorities including the Centers for Disease Control & Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), and the New Jersey Department of Health (NJDOH). The content of this document is subject to change as more is learned about the virus.

Actions taken at all centers include, but are not limited to:

- The establishment of a COVID-19 Committee at each center to both manage all aspects of the COVID-19 response and to support the general work of existing Infection Control Committees;
- Re-education of all residents and staff on hand hygiene, including hand hygiene after contact with respiratory secretions, with regular reinforcement;
- Re-education of all staff on cleaning and disinfection procedures, with regular reinforcement;
- Enhanced and more frequent cleaning of highly trafficked areas and surfaces;
- Re-enforcement of universal precautions and social distancing, to the extent practical based on personcentered needs;
- Adjustment of staffing patterns to ensure critical services are provided while reducing the number of individuals that pass through resident areas;
- Regular COVID-19 testing for unvaccinated staff;
- COVID-19 testing for symptomatic residents and those exposed to COVID-19 (outbreak testing);
- COVID-19 vaccination offered to all center residents and staff.

The centers have adapted protocols as needed throughout the pandemic due to new information learned about COVID-19, operational experience and the addition of new resources. Some examples of this are the updating of COVID-19 symptoms in center screening policies as they are released by the CDC and COVID-19 vaccination being offered to all residents and staff.

Each center resident is monitored multiple times each day for signs and symptoms of COVID-19. Any changes in health are immediately reviewed by healthcare professionals and appropriate actions and care provided. In addition, each center complies with daily COVID-19 reporting requirements to their local health departments.

The centers are prepared in the event of a staffing shortage whether it would be related to weather, COVID-19 or any other reason. The centers have the ability to hire temporary staff as needed, re-deploy staff from non-resident areas to resident areas and share staffing resources with each other if needed.

The Division provides a weekly dashboard of COVID-19 cumulative positivity in our community and center settings. This can be found in the *Developmental Disabilities* section when visiting the following link https://nj.gov/humanservices/coronavirus.html. A Frequently Asked Questions document for Families, Guardians and Residents of Developmental Centers is also available there.

Visitation

Under certain parameters, outdoor and indoor visits are permitted for center residents. Regardless of vaccination status of residents or visitors, outdoor visitation is preferred as it generally poses a lower risk of COVID-19 transmission due to increased space and airflow¹. Consent by a resident's guardian, as applicable, is required for indoor visitation. Visitor(s) are required to undergo screening and sign a Visitor's Agreement at time of visit for any visit to take place. The center being visited may offer voluntary rapid COVID-19 testing of friends and family visiting center residents. While vaccination is highly encouraged, visitors are not required to be vaccinated against COVID-19 to engage in a visit.

Indoor and outdoor visits are permitted for all residents **except** in the circumstances outlined below:

- The resident, regardless of vaccination status, has confirmed COVID-19 infection and has not met the criteria
 to discontinue transmission-based precautions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html;
- The resident, regardless of vaccination status, has confirmed exposure (within 6 feet for a cumulative total
 of 15 minutes or more over a 24-hour period) to someone with COVID-19 infection and not met criteria
 for release from isolation: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html;
- Regardless of vaccination status of the resident, the resident's living area has experienced at least one
 new resident or staff COVID-19 infection. In this circumstance, visitation in that area shall be suspended
 until relevant outbreak testing of all residents and staff in that living area has concluded yielding no new
 positive cases in residents and 14 days have passed since the last positive resident case.

Due to the above, residents living in areas that are designated as an Active Positive or Resident Isolation will be unable to receive visitors until they move to another type of living area. More information on living area types can be found in the <u>Isolation</u>, <u>Cohorting</u>, <u>Universal Masking and Personal Protective Equipment (PPE)</u> section of this document.

Any type of visit needs to be scheduled at least 24 hours in advance and comport with the center's regular visitation schedule. Visits will occur in a designated location and be socially distanced at least six feet between persons at all times. The number of visits that can be accommodated each day by the center may be limited to ensure there is no overcrowding, sanitation of the visiting area can occur between visits, and all residents have the opportunity to engage in a visit.

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
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When Both the Resident and Visitor(s) are Fully Vaccinated

While at the center visitors shall, at a minimum, wear a well-fitted surgical mask provided by the center, any other required PPE, and socially distance from others not in their group. The resident will wear PPE as tolerated/medically advisable for them to do so. While the visitor and resident are alone during the visit, fully vaccinated² residents can choose to have close contact (including touch) with their fully vaccinated visitor(s) without either party wearing a mask.

When Either the Resident or Visitor(s) are Not Fully Vaccinated

While at the center visitors shall, at a minimum, wear a well-fitted surgical mask provided by the center and any other required PPE and socially distance from others not in their group. The resident will wear PPE as tolerated/medically advisable for them to do so. While the visitor and resident are alone during the visit, the resident can choose to have close contact (including touch) with their visitor(s) but both parties must wear the aforementioned mask and any other required PPE during their interaction.

Visits Outside of the Center

Regardless of vaccination status, residents may engage in visits outside of the center with family and friends for any duration. In all cases, residents and the family or friends taking them on an off-site visit will be directed by the center to follow infection control practices including source control, physical distancing, hand hygiene, etc. and to encourage those around them while on a visit to do the same. Additionally, center residents may participate in community outings with center staff.

With the exception of in-patient hospitalization, quarantine upon return may not be required in most circumstances for fully vaccinated residents who leave the facility for less than 24 hours or fully vaccinated residents who leave the facility for more than 24 hours **and** do not have close contact with someone with COVID-19 infection. Unvaccinated residents engaging in an off-site visit for any duration may be required to quarantine upon return based on factors such as the rate of community spread of COVID-19 in the area, reports that the resident had close contact with someone with COVID-19, the resident's adherence to infection control practices such as masking, social distancing, hand washing, etc.

Upon return to the center the resident or the person returning them from their visit should report close contact defined as 15 or more cumulative minutes within 24-hours — with a suspected or confirmed case of COVID-19 or if the resident has symptoms consistent with COVID-19. If the resident had a close contact, the resident will be required to quarantine. The quarantine will occur in the center's Resident Quarantine Area for 14 days from date of exposure and, as medically advisable, test negative for COVID-19 before returning to their regular living area. If the resident tests positive for COVID-19, they would move to an Active Positive Resident (Isolation) Area. Upon recovery, they would then move to a Recovered Positive Resident Area. As with other visits, off-site visits must be prescheduled with the center so that the facility is able to manage the availability of isolation space (if needed) for the resident upon return. If the resident has symptoms consistent with COVID-19, they should be tested for same and evaluated by medical staff to determine if they may return to their residence or further action needs to be taken.

Please note that in situations where visits are not possible, accommodations will be provided for End-of-Life, Compassionate Care, and Essential Caregiver visits. Please contact your center for more information.

² Fully vaccinated refers to a person who is more than or at 2 weeks following receipt of the second dose in a 2 dose series, or more than or at 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public health Recommendations for Vaccinated Persons: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

Screening and Admittance

To ensure that the potential of COVID-19 spread is minimized, each center has an active screening protocol in place for staff and visitors.

Center Staff

Regardless of vaccination status, center staff are instructed not to come to work if they feel ill. All staff reporting to work are screened for COVID-19 before each shift. This consists of questions about fever, signs and symptoms of COVID-19, travel, known contact with someone who recently tested positive for COVID-19 and a temperature check. Staff who do not pass the screening are sent home. Staff are also instructed to inform their supervisor if they become ill while at work so that appropriate actions can be taken to immediately relieve them of duty.

Visitors

Regardless of vaccination status, visitors engaging in outdoor or indoor visits are instructed to report to a specified location at the center when they arrive for their visit to undergo screening. This consists of questions about fever, signs and symptoms, known contact with someone who recently tested positive for COVID-19 and a temperature check. The center being visited may offer voluntary rapid COVID-19 testing of friends and family visiting center residents. Visitors who do not pass the screening, test positive for COVID-19 and/or do not sign the Visitor's Agreement are not permitted to engage in a visit. Visitors will be required to, at a minimum, wear a well-fitted surgical mask provided by the center.

Isolation, Cohorting, Universal Masking and Personal Protective Equipment (PPE)

Each center has a protocol in place for the cohorting and isolation of residents. Residents are cohorted based on positivity for COVID-19. Specifically, residents who have tested positive at any point in time for COVID-19 reside only with others who have tested positive. Residents who have always tested negative for COVID-19 only reside with others who have always tested negative (also referred to as *true negative*).

All center staff are required to wear a face mask and other PPE while working. The type of face mask and PPE utilized is dependent on the setting within the center. All staff are trained on proper donning and doffing of PPE with regular re-enforcement. All areas of the center are frequently cleaned to mitigate the risk of COVID-19 infection.

Below is information related to how residents are cohorted and the PPE requirements for that area:

True Negative Resident Area

An area for residents who have always tested negative for COVID-19. Center staff are required to wear, at minimum, a surgical mask at all times in this area and other relevant PPE based on the care being provided.

Recovered Positive Resident Area

An area for residents who tested positive for COVID-19 at some point in the past but have been symptom free for at least 10 days (or from the date of their first positive viral diagnostic test if asymptomatic), and at least 24 hours have passed since last fever without the use of fever-reducing medications, **and** symptoms (e.g., cough, shortness of breath) have improved. Those who had severe/critical illness or who are severely immunocompromised may need to isolate longer. Center staff are required to wear, at minimum, a surgical mask at all times in this area and other relevant PPE based on the care being provided.

Active Positive Resident (Isolation) Area

An area for residents who recently tested positive for COVID-19. Center staff are required to wear a N95 respirator mask at all times and other relevant PPE based on the care being provided. At such time as a resident who tested positive for COVID-19 has had no symptoms for at least 10 days (or from the date of their first positive viral diagnostic test if asymptomatic), and at least 24 hours have passed since last fever without the use of fever-reducing medications, **and** symptoms (e.g., cough, shortness of breath) have improved, they will be moved to a Recovered

Positive Resident Area. Those residents who had severe/critical illness or who are severely immunocompromised may need to isolate longer.

Resident Quarantine Area

An area used for residents who have gone off grounds for a medical appointment, emergency room visit, hospitalization or have presented with symptoms that could be compatible with COVID-19 infection while awaiting evaluation.

With the exception of in-patient hospitalization, quarantine upon return from an off grounds interaction may not be required in most circumstances for fully vaccinated residents who leave the facility for less than 24 hours or fully vaccinated residents who leave the facility for more than 24 hours **and** do not have close contact with someone with COVID-19 infection. Unvaccinated residents engaging in an off-site visit for any duration may be required to quarantine upon return based on the center's judgment based on factors such as the rate of community spread of COVID-19 in the area, reports that the resident had close contact with someone with COVID-19, the resident's adherence to infection control practices such as masking, social distancing, hand washing, etc.

Residents who are determined to need quarantine remain in this area until they are for at least 14 days **and** have been tested for COVID-19. If they test negative, the resident is returned to their regular living area. If they test positive at any time, the resident would move to an Active Positive Resident (Isolation) Area. Center staff are required to wear an N95 level respirator mask at all times in this area when working with positive residents and other relevant PPE based on the care being provided.

Non-Resident Area

These are areas where residents are not present at any time, such as administrative office space and maintenance areas. At a minimum, surgical masks are required at all times when in the presence of others.

COVID-19 Testing

All symptomatic residents are tested for COVID-19. All unvaccinated staff are routinely tested for COVID-19. Exceptions exist for those who have recovered from COVID-19 in the past 90 days as described below:

• Any center resident or staff who has tested positive for COVID-19, has met the standard for recovery and is asymptomatic will not require testing for 90 days following their first positive test and/or symptom onset. This is based on CDC guidance stating that for those who remain asymptomatic following recovery, testing is not recommended if another exposure occurs or might have occurred within 90 days after the date of symptom onset from the initial COVID-19 infection³.

Residents

Per most recent <u>CMS Guidance</u>, residents who have a known exposure (outbreak testing) defined as 15 or more cumulative minutes within 24-hours with a suspected or confirmed case of COVID-19 or those who are symptomatic are tested for COVID-19. If a positive test result is received additional testing occurs based on current health guidance.

In all circumstances, residents who test positive for COVID-19 are moved to an Active Positive Resident Area until such time as they have displayed no symptoms for 14 days. After that criteria is met they are moved to a Recovered Positive Resident Area.

³ https://www.cdc.gov/coronavirus/2019-ncov/hcp/durationisolation.html?CDC AA refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategydiscontinue-isolation.html#Annex

Center Staff

Unvaccinated center staff, as well as unvaccinated staff who tested positive and have recovered more than 90 days ago, are re-tested regularly. This occurs about every seven days. Staff who test positive for COVID-19 are put off work immediately. They are not permitted to resume work until they have gone at least 10 days without symptoms and are cleared by their healthcare provider to return to work. If a positive test result is received additional testing occurs for residents and staff who were exposed to the positive staff person.

Communication with Families/Guardians and Notification of COVID-19 Positivity

Each center is committed to communicating with families/guardians related to the well-being of its residents. Centers will reach out to families/guardians about every seven days to provide a general update on how the resident is doing, regardless of COVID-19 positivity. During this contact, the family/guardian will be notified of the number of actively positive residents and staff at the center.

In any instance where a resident tests positive for COVID-19, or comes in close contact with a resident or staff who tests positive, the center will reach out within 24 hours of the positive test result to inform the family/guardian.

In addition to in person visitation, each center will provide the opportunity for interaction with the resident via telephone or other virtual methods.

For questions, complaints or to schedule a telephone call or other virtual interaction with a resident please contact the Social Services Department of the center in which the resident lives. Contact information for each center can be found in the Introduction section of this document.